

ANTHEM MATERIALS ORDER FORM

Commonwealth of Virginia Health Benefits Program

Revised August 2003

Please destroy all prior forms.

Member Handbooks (including amendments) / Provider Directory		Quantity	Anthem and Prescription Drug Forms		Quantity
T20338	COVA Care Member Handbook	Ea.	110602	Anthem Claim Form	Ea.
T20078	Medicare Advantage 65 Member Handbook	Ea.	T20247	Prescription Drug Home Delivery Packet	Ea.
T20084	Medicare Dental/Vision Member Handbook	Ea.	110912	Drug Prior Authorization Request Form	<input type="checkbox"/> 1 original
T20318	Commonwealth of Virginia and TLC Provider Directory	Ea.	900230	Prescription Drug Reimbursement Form	<input type="checkbox"/> 1 original
			55145	Drug Coordination of Benefits Claim Form	<input type="checkbox"/> 1 original
			T20337	Three-Tier Drug Flyer	<input type="checkbox"/> 1 original

PLEASE PRINT OR TYPE:

AGENCY/SUB-AGENCY NUMBER ____ / ____ TELEPHONE (____) _____ DATE _____

NAME (Person Requesting Materials) _____ AGENCY NAME _____

SHIPPING ADDRESS (Do Not Use P.O. Box*) _____

CITY _____ STATE _____ ZIP _____

FAX FORM TO: (804) 780-0198

*ORDERS ARE NOT DELIVERABLE TO P.O. BOX ADDRESS.

- Most materials are also available for viewing or downloading on the Anthem Web site: www.anthem.com
- **Questions about your order? Call (804) 354-3904.**